



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

December 20, 2004

MEMORANDUM

TO: Service Providers

FROM: Mike Moseley

RE: RFI

The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services is seeking private agencies with demonstrated experience in providing services and supports to persons with developmental disabilities for purpose of partnering with area programs, Local Management Entities (LMEs), families, guardians and consumers to assist individuals currently residing in state operated developmental centers to move to community settings.

This letter introduces a Request for Information (RFI) designed to solicit pertinent information from providers interested in participating in our endeavors. The RFI will be posted for 45 days from the date of this letter with responses postmarked by close of business Friday, February 4, 2005. The names of all qualified respondents will be shared with the Directors of the state developmental centers and area programs. Respondents will also be invited to attend planning sessions convened by the developmental center directors and including all area programs/LMEs within the centers' catchment area regions.

Responses to the RFI should be addressed to:

Buck Dawkins
DMH/DD/SAS
State Operated Services
3006 Mail Service Center
Raleigh, NC 27699-3006

Questions about the content of the RFI may be addressed to Carol Donin at the same address, by phone at (919) 733-3654, or by email to Carol.Donin@ncmail.net.

MM/lh

cc: Buck Dawkins
Carol Donin
Executive Leadership Team



Department of Health and Human Services

Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

Request for Information

From

Providers Interested in Serving Consumers

Moving from State Operated Developmental Centers

To

Community

December 20, 2004

Contact at DMHDDSAS: Buck Dawkins

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Section 2: *Introduction*

A. Intent/Purpose of RFI

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) desires to serve individuals with developmental disabilities in the least restrictive community setting appropriate to meet their needs. In keeping with this goal, DMH/DD/SAS is seeking private agencies of any size with demonstrated experience in providing services and supports to persons with developmental disabilities for the purpose of partnering with area/county programs or Local Management Entities (LMEs), families, guardians and consumers to assist individuals currently residing in the state operated developmental centers to move to living in the community. This Request for Information (RFI) is intended to identify those agencies interested in working across LME and regional boundaries in order to move and support a significant number of consumers in community placements.

B. Background

DMH/DD/SAS is under legislative directive to reduce the census of the state operated developmental centers and, as a result of such reduction, to move money that is currently used to support consumers in those settings to the service of consumers living in the community. To this end the Department of Health and Human Services (DHHS) has provided funding incentives in the form of additional monies in the Community Alternatives Program for Persons with Mental Retardation and Developmental Disabilities (CAP-MR/DD) and State Mental Health Trust Fund dollars available through the Community Capacity Development initiative in a variety of ways to support one time costs for start up of services and supports. These incentives have yielded only limited success. Two reasons that have been identified as problematic for the current strategies include:

- 1) Area Programs, as emerging LMEs, have not been in position to negotiate sufficiently beyond their geographic borders to begin to embrace a concept of regionalization for use of the limited resources.
- 2) Agencies/providers working with individual LMEs have not been able to achieve sufficient economies of scale to develop affordable plans for movement of a significant number of individuals.

DMH/DD/SAS desires to facilitate engagement of interested agencies with LMEs to result in the movement of a significant number of individuals from the state operated developmental centers and to further the stability of census reduction by supporting the development of supports and services sufficient to maintain consumers in more natural community settings.

C. Definitions

Consumer: a citizen with mental retardation and/or developmental disabilities requiring supports and services to live in the community

Department: Department of Health and Human Services

Division: Division of Mental Health, Developmental Disabilities and Substance Abuse Services

LME: Local Management Entity. Any current area program that is not anticipating becoming an LME July of 2005 will not participate in the activities that may result from this RFI except as an agent of a certified LME.

Provider: any private provider agency, non-profit or for-profit, that wishes to respond to this RFI and participate in the activities that may result from its issuance.

Section 3: *Scope of Work*

Respondents to the RFI should be prepared to enter into an ongoing working relationship with LMEs to provide supports and services, ensuring health and safety, and community inclusion to enable consumers moving from state operated developmental centers to live successfully in community settings. A general demographic description of the types of support needs represented by the moving population and their current DD Center residence is demonstrated in *Attachment 1*.

1. Tasks and Services Needed

Respondents should be able to provide for or connect consumers to:

- Residential services and supports
- Day activities
- Community integration activities
- Medical services
- Transportation
- Assistance with activities of daily living
- Supervision
- Person Centered services and supports as indicated in the consumer's plan
- Case Management*

*LMEs are in the process of divesting Case Management services. Agencies interested in providing Case Management may respond to the RFI relevant to their interest and experience to provide such services. Changes proposed in the new CAP waiver remove Case Management as a distinct waiver service to a Medicaid State Plan service. Providers responding with an interest in providing Case Management should be aware that a waiver recipient may not receive Case Management and direct care services from the same provider.

Consideration will be given to respondents who demonstrate an ability to integrate consumer participation with existing local community opportunities. Respondents shall describe their plan and process for capitalizing on existing community supports and consumer-community integration opportunities. Respondents that are already engaged in connecting individuals to their communities may include examples of working with other community resources to provide community integration and support such as, but not limited to, collaboration with YM/WCAs, local church groups, Goodwill and others. Respondents that are not currently providing services in the area may include examples of such collaborations in their home communities and a plan for developing similar, appropriate local relationships.

2. Qualification Requirements

Respondents should be currently enrolled or eligible to enroll with the Division of Medical Assistance (DMA) to provide Medicaid State Plan and/or CAP-MR/DD waiver services. Enrollment implies the satisfaction of all requirements for licensure and/or privileging to provide supports and services to consumers.

3. Staffing Requirements

Respondents should have on staff, or the ability to hire, sufficient personnel to provide supports and services for consumers who move to the community. The number of staff necessary will be determined by a) the number of consumers targeted to move into a specific community using the provider supports and b) the intensity of supports and services required by the individuals that are moved. Staff providing direct services and/or supervision to direct care staff must meet qualifications per DMH/DD/SAS rules and the CAP-MR/DD waiver as appropriate.

4. Time Limits

- Interested parties should submit responses by February 4, 2005.
- Respondents should complete negotiations with LMEs within 90 days of the Regional Workgroup meetings (page 9).
- Respondents should be prepared to complete the transition of consumers to community of their choice within nine (9) months of reaching a plan agreement with LMEs.
- Respondents should anticipate serving the consumers moved to the community for the life of the consumers.

5. Performance Requirements

- Consumers shall be moved to community living within the planned timeframes.
- Consumer movement and person-centered plans for supports, services and supervision shall be within the available fiscal resources.
- Consumers and families/guardians shall express satisfaction with the placement, support and services in accordance with the Division's satisfaction survey using national core indicators assessment tools.
- Quality reviews performed in accordance with the Centers for Medicare and Medicaid Services (CMS) Quality Protocol at the first six month and thereafter

annual intervals shall demonstrate satisfactory levels of community support, service, engagement and participation.

6. *Financial Statements*

The provider(s) shall:

- Comply with all DMA and Controller's Office fiscal reporting requirements.
- Manage services and supports for consumers within the budget developed in accordance with the individual's person-centered plan.

7. *Other Technical Requirements*

Respondents must engage directly with LMEs to negotiate:

- numbers and specific individuals to move to community;
- approval of person-centered plans and funding;
- ongoing monitoring of supports and services;
- crisis prevention and intervention planning to avoid hospitalization or re-institutionalization.

Section 4: *Proposal Requirements*

Responses to this RFI shall be in accordance with the format listed in this Section and shall include the following information:

A. *Executive Summary*

Respondents shall compose a cover letter indicating their interest in working with the LMEs to move consumers from state operated developmental centers to the community. The letter should be signed by an authorized person within the agency and include the names and contact information for persons authorized to attend meetings and speak on behalf of the agency for the purposes of entering into agreements with the LMEs.

B. *Information Submission*

Respondents shall submit two copies of the information requested by February 4, 2005 to Buck Dawkins, State Operated Services, DMH/DD/SAS. Information may be mailed to: DMH/DD/SAS

State Operated Services
3006 Mail Service Center
Raleigh, NC 27609-3006

Attn: Buck Dawkins

Or delivered in person to the Albemarle Building, 326 S. Salisbury St., Raleigh, Suite 626, Office B.

C. Technical Information

1. Corporate Background and Experience

- Length of time in business
- Numbers of consumers served
- Geographic areas currently served
- Evidence of previous success in moving individuals to community.
- Numbers of consumers currently served that have moved from state operated developmental centers to community, if applicable
- Names of area programs/LMEs currently working with
- If an out-of-state respondent, please list above information as it applies to home state and include reasons for interest in providing services in NC
- List of licenses and/or accreditations
- List of professional staff and credentials to be involved in the initiative
- List of services and supports currently being provided
- If the respondent's services have ever been cited for non-compliance of regulation by either Division of Medical Assistance (DMA) or Division of Facility Services (DFS), include a description of the citation, date, and description of resolution.
- Results of consumer/family satisfaction surveys.
- Quality Assurance/Quality Improvement Plan/Procedures

2. Project Organization

Provide narrative description of arrays of community living arrangements, examples of staffing patterns, process for interacting with consumers, family/guardians, and LMEs during planning and implementation.

Describe :

- recruitment and training processes used for staff;
- involvement of consumers, families and guardians to instill confidence in the consumer's satisfaction with the community placement;
- involvement of consumers, families and guardians in the hiring and firing of staff;
- strategy for maintaining long-term stability and satisfaction.

3. Financial Statement

Information responses shall include estimates of the costs for both start-up and ongoing sustainability of the community living setting(s) proposed as described in Section 4:C:2.

4. Technical Approach

Respondents shall describe how the agency intends to conduct the planning, facilitation and execution of the objectives named in Sections 2 and 3 of the Request for Information. In as much as possible, the *Technical Approach* section of the information should identify the region and/or LMEs with which the agency would like to work and include a description of the range of consumer needs for services and supports that can be accommodated.

5. *References*

List any LMEs with whom the respondent has had previous successful interactions in placing consumers from state operated developmental centers. If respondent is from out-of-state, list at least three appropriate correlated references including contact information. List two consumers or their families or guardians with whom the respondent is currently supporting in the community.

6. *Subcontractors*

It is not expected that a single provider will necessarily be able to provide all of the services and supports for a consumers. Often the provider of day services or community integration activities is different from the provider of residential services. Respondents should list any providers with whom they would anticipate to collaborate for purposes of satisfying the elements of an individual's person-centered plan. Of particular interest are any such current working relationships.

Section 5: *Selection Process*

The Division will convene a workgroup in each region within 30 days of the close of the RFI receipt process. The Regional Workgroups shall be comprised of the Director from the appropriate Developmental Center and his/her designate, the Directors of the LMEs in the region and their designates, and Division staff from the State Operated Services (SOS) Team, the Consumer Advocacy and Customer Service Team, Best Practices Team and the LME Team.

All responses to the RFI indicating an interest in working in a particular region will be shared with the Regional Workgroup for that region. Respondents will be invited to attend the Regional Workgroup meetings for purposes of introduction and to facilitate further working relationships with the LMEs.

The working relationship will be between the respondent providers, the consumer family/guardians and the LMEs. The consumer family/guardians retain their prerogative of choice with regard to community placement. The Director and staff of the developmental centers will provide technical and clinical consultation with regards to planning for appropriate services and supports. When respondents begin active engagement with the LMEs and planning begins for consumer movement, Division staff will monitor the progress of the movement and will monitor the consumer satisfaction and quality of services and supports in accordance with Section 3:5.

**Mental Retardation Center Demographic Data
For Individuals Identified for Community Movement
12/1/04**

Mental Retardation Center	# of Individuals Identified to Move	Age Range			Non- Ambulatory or Semi- Ambulatory	NCSNAP Health Care Supports Score = 5	NCSNAP Behavioral Supports Score = 4 or 5	Health Care = 5 and Behavioral = 4 or 5
		20-29 yrs.	30-49 yrs.	50+ yrs.				
Riddle Center	21 (one individual under age 20)	3	14	3	5	1	4	0
Murdoch Center	24	1	16	7	3	1	10	0
O'Berry Center	49	6	31	10	24	2	7	0
Caswell Center	9	2	3	4	1	0	2	0